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Bib Data Sheet

CONFIRMATION NO. 4328

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/057,512                                                                                                                                                                                                                            | <b>FILING DATE</b><br>01/25/2002<br><b>RULE</b>                                                                                                                                                                | <b>CLASS</b><br>128           | <b>GROUP ART UNIT</b><br>3764                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>399098 |
| <b>APPLICANTS</b><br>Peter A. Courtnage, Anchorage, AK;<br>Robin E. Schaffer, Englewood, CO;                                                                                                                                                                  |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/264,115 01/25/2001                                                                                                                                                                         |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>** FOREIGN APPLICATIONS *****</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 03/19/2002                                                                                                                                                                         |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>AK | <b>SHEETS DRAWING</b><br>3                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>62            |
| <b>INDEPENDENT CLAIMS</b><br>3                                                                                                                                                                                                                                |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>ADDRESS</b><br>30955                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>TITLE</b><br>System and method for therapeutic application of energy                                                                                                                                                                                       |                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                 |                                      |
| <b>FILING FEE RECEIVED</b><br>748                                                                                                                                                                                                                             | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:                                                                                              |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |